



MISSOURI DEPARTMENT OF NATURAL RESOURCES

SOURCE OF WATER: GROUNDWATER FOR YEAR _____



TOTAL NUMBER OF WELLS: _____

USER NAME: _____

COUNTY: _____

IDENTIFIER: _____

***WELL INFORMATION**

Owner Name				
Well number				
Date drilled (Year)				
Depth to water (Feet)				
Depth of well (Feet)				
Depth to bottom of casing (Feet)				
Pump capacity (gallons per minute)				
Water pumped per year (gallons)				
Method of measure (est. or metered)				
Acres irrigated				
Status (Active, Inactive, Abandoned)				
Certification well number (for wells drilled after 11-1-1987)				
Location of water withdrawal (Legal description)	1/4 Sec , T. N, R. E/W	1/4 Sec , T. N, R. E/W	1/4 Sec , T. N, R. E/W	1/4 Sec , T. N, R. E/W

PLEASE MAIL COMPLETED FORMS TO:
MISSOURI DEPARTMENT OF NATURAL RESOURCES
Major Water Users Program, P.O. Box 250, Rolla, MO 65402